



SEVEN OAKS
GENERAL HOSPITAL

2024 BURSARY APPLICATION

Bursaries Available

Gudmundur Myrdal Bursary

(for full-time studies in any of the health professions)

Ken Seaford Memorial Bursary

(for studies in the field of management)

Seven Oaks Health Promotion & Wellness Bursary

(for studies in health promotion and wellness)

All information herein is considered strictly confidential.

*Completed applications must be submitted to Education Services at Seven Oaks General Hospital via email, **send to edokuchie@sogh.mb.ca by May 31, 2024.***

Late or incomplete applications will not be accepted.

GENERAL INFORMATION (PLEASE PRINT)

NAME _____

Surname

Given Name(s)

ADDRESS _____

Street

City

Province

Postal Code

Telephone # _____

EDUCATION PROGRAM FOR WHICH ASSISTANCE IS REQUESTED FOR

PROGRAM _____

INSTITUTION _____

Duration of Program _____ Commencement _____

Anticipated Completion Date _____ Intended Career _____

Full time Study? _____ Part time Study? _____

Accepted into Program? _____

If no, when do you expect to be accepted _____

FINANCIAL INFORMATION

Cost of Tuition	
Other related costs: books, travel, etc.)	
Financial Need: (dependents, etc.)	
Other Bursaries, awards received	
Bursaries previously received from Seven Oaks General Hospital (Name of bursary & year received)	

**** Proof of acceptance into program is required prior to provision of funding.

EDUCATIONAL BACKGROUND

List names of educational institutions you have attended and your academic standing in sequence, listing most recently attended first.

Institution	Academic Standing

***An official copy of your most recent transcript is required prior to provision of funding.

VOLUNTEER/WORK/COMMITTEE EXPERIENCE (where, year(s), amount of time)

REFERENCES

A minimum of two written letters of reference must accompany the bursary application, one of which should be from a member of the teaching staff of the educational institute the applicant attended.

Name _____ Position _____

Address _____
Street City Province Postal Code

Business Phone _____ Home Phone _____

Name _____ Position _____

Address _____
Street City Province Postal Code

Business Phone _____ Home Phone _____

Note: All references must be received by May 31, 2024

DECLARATION OF APPLICANT

I hereby accept the following obligations upon acceptance of financial assistance from Seven Oaks General Hospital.

1. Submission of proof of completion of the school year.
2. Return the total amount of the award immediately or as arranged by Seven Oaks General Hospital should the year not be completed.

I hereby certify that the information is complete and true to the best of my knowledge and understand and agree to abide by the stated responsibilities upon acceptance of financial assistance.

Please review to ensure a complete application.

Date _____ Signature of Applicant _____